

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TKH	70891	7/16
O.I.P.E. CLASSIFIER		21	31/10/
FORMALITY REVIEW	EN	64971	4/16/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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52	3/25/01
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Claim	Date
101	6/9/11
102	3/25/01
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If more than 150 claims or 10 actions  
staple additional sheet here

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